



AGENCY CERTIFICATION OF REASSIGNMENT AND ACCOMMODATION EFFORTS
In Connection With Disability Retirement Under the Federal Employees' Retirement System

Form Approved:
OMB No. 3206-0171

To be completed by Coordinator for Employment of the Handicapped or other authorized agency official. See instructions on back of form.

1. Name of Applicant (<i>Last, first, middle</i>)	2. Date of Birth (<i>mo., day, yr.</i>)	3. Social Security Number
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4. Has reasonable effort for accommodation been made?

No, accommodation is not an option. (Specify in the space below the functional/environmental factors related to the employee's inability to perform fully successfully and explain why accommodation is not possible.)

No, accommodation is not appropriate. Medical information presented to agency does not document a disabling medical condition.

Yes. Describe below accommodation efforts and attach supporting documentation.

5. Results of agency reassignment efforts (*Check one of the following statements*)

Reassignment is not necessary because employee's service is fully successful and there are no medical restrictions from performing critical duties or from attending work altogether.

The employee declined reassignment to the vacant position(s) in this agency at the same grade or pay level and tenure, within the same commuting area for which employee meets minimum qualifications.

The employee was not reassigned to any vacant position in this agency at the same grade or pay level and tenure, within the same commuting area for which employee meets minimum qualifications. The position(s) identified and reason(s) for non-assignment are shown below.

CERTIFICATION BY COORDINATOR FOR EMPLOYMENT OF THE HANDICAPPED OR OTHER AUTHORIZED AGENCY OFFICIAL:

I CERTIFY that this statement is true to the best of my knowledge and belief.

8. Signature of Responsible Agency Official	9. Date	10. Telephone Number (<i>Including area code</i>)
11. Typed Name of Responsible Agency Official	12. Title of Responsible Agency Official	